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Shedding Light on Children’s Eye Health and Safety

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BEAUFORT, S.C. Lt. Niko Vahamaki, optometrist at Branch Health Clinic Parris Island examines a young patient. (U.S. Navy photo by HM3 Jeremy Jones/Released)

During my usual comprehensive eye exams here at [Naval Hospital Beaufort](#), I am often asked by patients when children should have their eyes checked. While there is no set standard, a good rule of thumb I advocate is a minimum of two times before starting elementary school. Ideally, children should have their eyes checked at six months to 1 year of age and again between 5 and 6 years. The human brain has been found to resist change in visual processing after the age of 8, so even children without obvious vision problems should still be seen routinely.

Additionally, I encourage parents to speak to health care providers about any specific eye concerns that pop up as soon as possible. I would have to say that the biggest points of interest for parents seem to fall into four areas:

Seeing well or a need for glasses – by the time a child is 4, they should be able to read the standard “20/20” acuity line (with glasses if appropriate)

Presence of a lazy eye – by the time a child is 6 months old, they should be able to align the eyes to hold an object in view

Depth perception – by the time a child is 2, they should have full depth perception

Color vision - children should have full color vision by 3 or 4 years of age

Most parents are not eye specialists, but that does not mean they cannot make a huge impact on a child’s vision development with just a few simple tips.

- First, watch for classic signs of decreased acuity which may include squinting, rubbing eyes frequently, holding objects excessively close/far, or simply running into things

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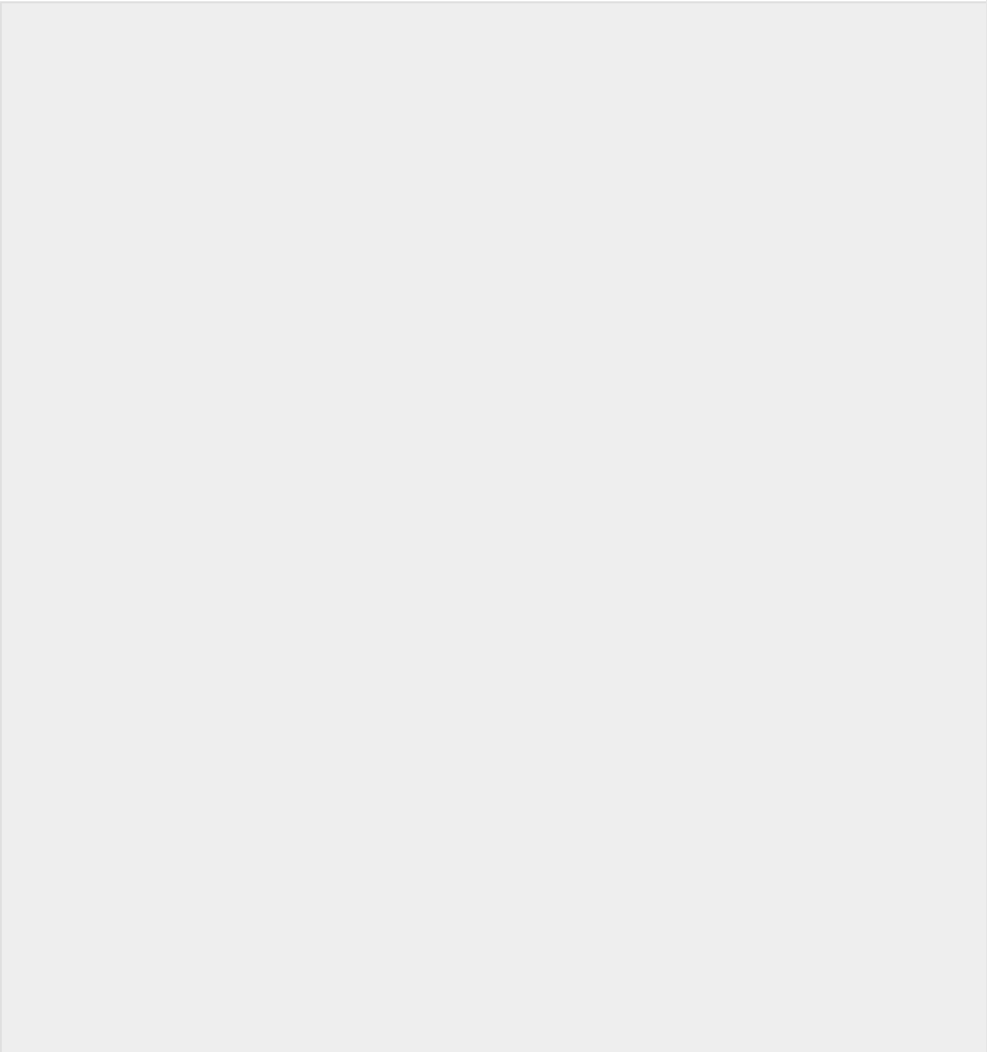
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even when clearly in view. Try having a child use each eye separately every now and then to see if there is a stark contrast in ability between the right and left eyes.

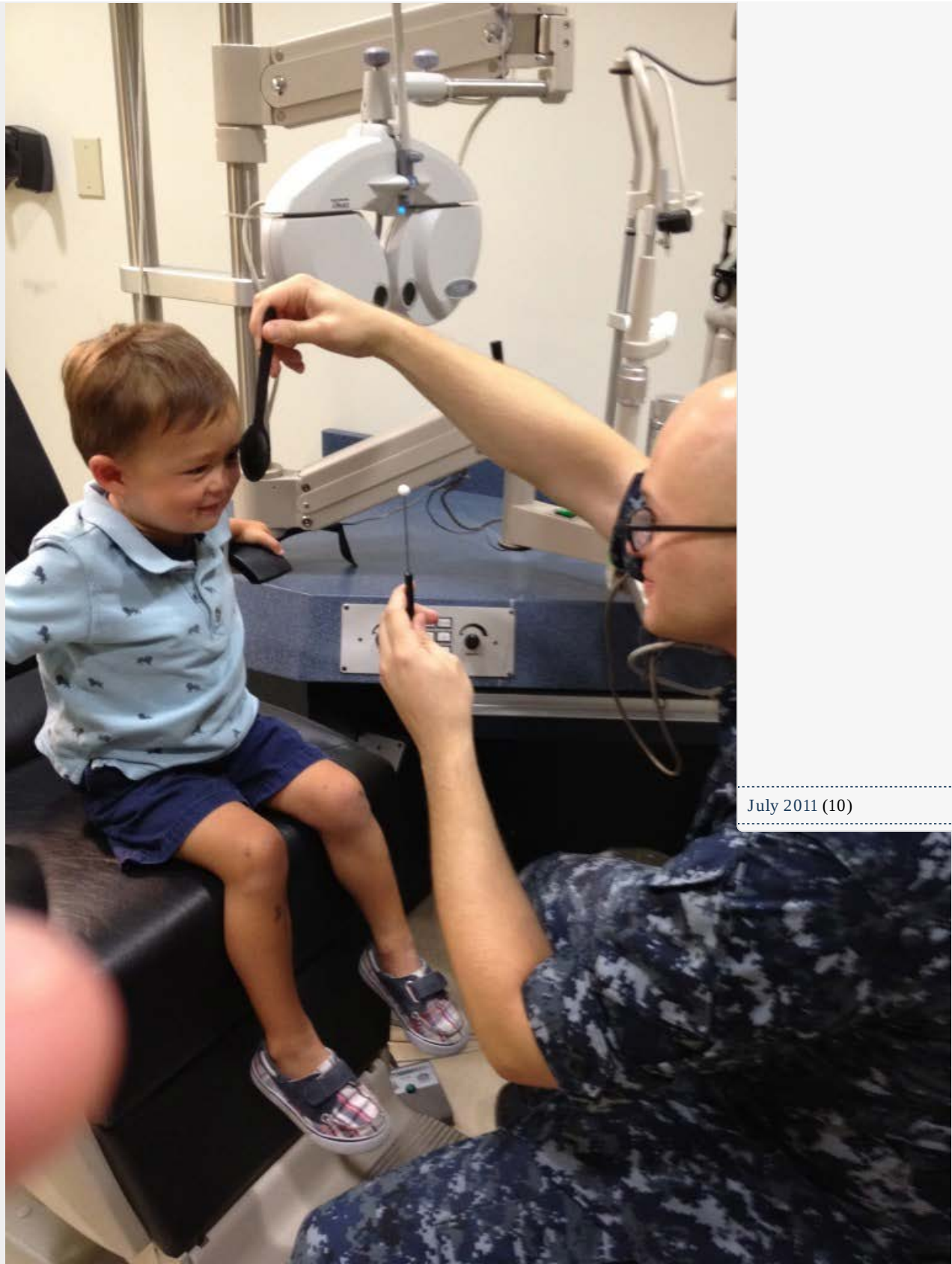
- Second, try to note the frequency, direction, side (right or left), and duration of any eye turns. If an eye drifts and remains deviant, it can lead to a permanent decrease in vision (called amblyopia) so mentioning these findings to a health provider is critical.
- Third, expose a child to a 3-D movie or game. It amazes me how many times a parent gets told by a child that a 3-D movie just looked “blurry” or “smeared.” This is an indication that depth perception may be affected.
- Finally, work the understanding of different colors through games and questioning. Colors are a complex concept, but by kindergarten things should be getting pretty accurate. While male children are much more common to have color problems, it is still possible for females to have color deficiencies.

I also recommend good sun protection for all children’s eyes while outdoors, preferably in a shatter resistant material like polycarbonate. This not only blocks harmful UV light from damaging the eyes, but also serves as a physical barrier from possible damage by foreign objects. Children can be rough at play, and the simple act of keeping an eye out for their safety should never be overlooked.

Hopefully I shed a little light on a very deep and robust topic, but never hesitate to ask questions of your health care providers; we are here to make sure you get the greatest medical care that Navy Medicine can provide.



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